

GP3624
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PTO/SB/21 (07-06)
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Total Number of Pages in This Submission

3

Application Number	09/764,558
Filing Date	18 January 2001
First Named Inventor	Annunziata
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Power of Attorney
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Paul E Schaafsma, NovusIP, LLC		
Signature			
Printed name	Paul E Schaafsma		
Date	10 August 2006	Reg. No.	32,664

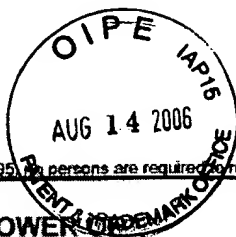
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Typed or printed name	Paul E Schaafsma	Date	10 Aug 2006

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/764,558
Filing Date	18 January 2001
First Named Inventor	Annunziata
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul E Schaaafsma, NovusIP, LLC				
Address	521 West Superior Street Suite 221				
City	Chicago	State	Illinois	Zip	60610-3135
Country	USA				
Telephone	312.664.0906	Email	pschaafsma@novusip.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Vincent P. Annunziata</i>		
Name	Vincent Annunziata		
Date	7-AUG-06	Telephone	203-327-7000 x111

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	09/764,558
Filing Date	18 January 2001
First Named Inventor	Annunziata
Title	Trading Simulation
Art Unit	3624
Examiner Name	Charles R. Kyle
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Paul E Schaafsma, NovusIP, LLC	32,664

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Paul E Schaafsma, NovusIP, LLC				
Address	521 West Superior Street Suite 221				
City	Chicago	State	Illinois	Zip	60610-3135
Country	USA				
Telephone	312.664.0906	Email	pschaafsma@novusip.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Vincent R. Annunziata</i>	Date	7-AUG-06
Name	Vincent Annunziata	Telephone	203-327-1007/11
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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